

EXHIBIT 3

176 Thornberry Drive
Pittsburgh, PA 15235-5061
July 12, 2007

Megan E. Farrell
Assistant U.S. Attorney
Western District of Pennsylvania
U.S. Post Office & Courthouse
700 Grant Street
Suite 400
Pittsburgh, PA 15219

Re: Donald L. Moshier, Jr. v. United States, et al.
Civil Action No. 05-180E

Dear Ms. Farrell:

I have reviewed the materials concerning the above-captioned case as sent with your covering letter of June 11, 2007. Specifically these items consisted of the medical records of Donald L. Mosier, Jr. dated 9/2/03-5/26/06 and the summary of these medical records as contained in the Declaration of A.Bussanich, M.D., Chief Medical Officer, United States Penitentiary, Lewisburg, PA dated 7/24/06. Before offering an opinion as to the quality of medical care rendered to Mr. Moshier, I would briefly like to review the details of his medical problem and the therapy provided.

Mr. Moshier informed the medical staff (Dr. Herbert Beam, M.D.) at the McKean County PA federal prison of his history of high risk behavior and the possibility that he could have hepatitis C on 9/2/03. Mr. Moshier requested testing for this possibility. Screening for the presence of the antibody to the hepatitis C virus (anti-HCV) was reported as positive on 9/16/03. On 10/10/03 Mr. Moshier's serum ALT level was reported as 115 with the upper limit of normal (ULN) < 40. Subsequent relevant testing included finding the presence of prior exposure and immunity to the hepatitis B virus (HBV) -11/26/03, ALT levels of 115 (2/12/04) and 129 (5/12/04) with the ULN on these occasions <66, determining the viral genotype to be 3e (7/19/04) and a liver biopsy performed 8/24/04 which demonstrated cirrhosis of the liver in a micronodular pattern with active areas of piecemeal necrosis (Bradford Regional Medical Center, pathology #: S04-3048). Psychological clearance for the administration of Interferon (INF) was obtained on 9/22/04 and treatment with the pegylated form of INF (PEG-INF) plus ribavirin was initiated on 10/28/04.

Mr. Moshier's treatment extended to 4/14/05 (approximately 24 weeks) during which time he received a total of 25 doses of PEG-INF (11 at full strength) as well as daily ribavirin. The doses of these medications were modified during the course of this therapy to account for changes in bone marrow function as monitored by the medical staff.

The management of Mr. Moshier's chronic hepatitis C included:

- (1) The appropriate documentation of the chronicity of the active infection with demonstrated elevations of the liver inflammation

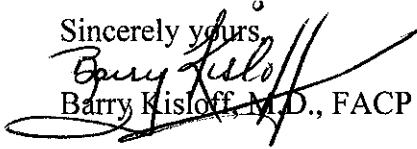
marker ALT to greater than twice the ULN over a 6 month period (10/10/03 & 5/12/04 with Mr. Moshier having missed a Chronic Care Clinic visit on 4/21/04). This monitoring over time is in accordance with all current recommendations as to the treatment of chronic hepatitis C in order to document the chronic nature of the active and ongoing liver necrosis as well as to provide a basis for treatment prognosis as medication for the therapy of chronic hepatitis C is both less likely to be needed or succeed in those patients with ALT levels < twice the ULN.

- (2) The typing of the hepatitis virus to provide the correct duration of therapy, which in this instance is 24 weeks.
- (3) The performance of a liver biopsy to accurately gauge the extent of disease prior to the onset of therapy and, in Mr. Moshier's case, to carefully monitor him for treatment-induced hepatic decompensation. This is an important consideration when initiating anti-viral therapy in an individual with already established advanced (cirrhotic) liver disease.
- (4) The careful monitoring of bone marrow functioning during the course of therapy.
- (5) The exclusion of relevant concomitant disease prior to initiating treatment which would profoundly influence the modality of therapy by checking for hepatitis B and HIV (performed 4/16/03, negative HIV-Ab).
- (6) The modification of medication dosage schedules consistent with bone marrow function assessments by appropriately timed monitoring of total white cell, neutrophil and platelet counts as well as hemoglobin and hematocrit testing.

As regards the advanced stage of liver disease noted on the 8/24/04 biopsy, this was the product of decades of liver disease rather than the almost twelve month time frame from initial request for evaluation for possible hepatitis C virus infection (9/2/03) to the time of liver biopsy (8/24/04). This conclusion is further supported by the 6/6-8/99 Cayuga Medical Center at Ithaca medical records which establishes a diagnosis of cirrhosis in Mr. Moshier, Jr. prior to the time of incarceration in the Lewisburg, PA Penitentiary. In the non-immunocompromised, non-multiply infected individual with actively ongoing hepatitis C infection, the process leading to cirrhosis involves decades rather than months.

In summary it is my opinion, to a reasonable degree of medical certainty, that Mr. Moshier's chronic hepatitis C was diagnosed and treated in an entirely appropriate manner consistent with the medical standards of care for this disease.

Sincerely yours,


Barry Kisloff, M.D., FACP